AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication **12**

PERSISTENT INCONTINENCE

	HOSPITAL-ACQUIRED COMPLICATION	RATE[a]
1	Pressure injury	10
2	Falls resulting in fracture or intracranial injury	4
3	Healthcare-associated infections	135
4	Surgical complications requiring unplanned return to theatre	20
5	Unplanned intensive care unit admission	na[b]
6	Respiratory complications	24
7	Venous thromboembolism	8
8	Renal Failure	2
9	Gastrointestinal bleeding	14
10	Medication complications	30
11	Delirium	51
12	Persistent incontinence	8
13	Malnutrition	12
14	Cardiac complications	69
15	Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16	Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated
b na = national data not available

Persistent incontinence is defined as urinary incontinence that arises during a hospital admission, and which is present on discharge or which persists for seven days or more.*

Persistent urinary incontinence has a significant impact both on those who suffer from it, as well as on people caring for those with the condition. Patients' experiences range from inconvenience to social and psychological stigmatisation, and include physical symptoms such as skin irritation and painful excoriation.

Why focus on persistent incontinence?

Around 3,700 hospital-acquired episodes of persistent incontinence occur each year in Australian hospitals#

Hospital-acquired persistent incontinence increases the **length of stay and the cost of admission**§

65.6 Highest rate of this HAC at Principal Referral Hospitals†

9.3 Aggregate rate of this HAC at Principal Referral Hospitals

Per 10,000 hospitalisations

If all hospitals reduced their rate of this HAC to less than 9.3 per 10,000 hospitalisations it would prevent at least **838 episodes of persistent incontinence**

All facilities should be working to reduce their rate of persistent incontinence.

* The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/

\# The data used in this sheet are for hospital-acquired complications in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16.

§ Independent Hospital Pricing Authority (AU): Pricing and funding for safety and quality: risk adjustment model for hospital-acquired complications, version 3, 2018.

† Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.

Top tips for the prevention and management of persistent incontinence

The following provides key points for clinicians to consider to avoid this hospital-acquired complication.

Conduct risk assessment

- Conduct a comprehensive risk assessment
- Identify risk factors such as:
  - Medicines, such as antidepressants, oestrogens, diuretics and sleep medicines
  - Underlying systemic conditions such as diabetes, obesity, cardiovascular, multiple sclerosis
  - Infections, such as urinary tract infection
  - Postoperative complications following prostate surgery or hysterectomy
  - Constipation
  - Poor mobility due to surgery, such as fractured neck of femur
  - Childbirth
  - Menopause
- Review other factors such as delirium, polyuria including that from heart failure or hyperglycaemia, faecal impaction, urinary retention, bladder issues and/or toilet access or signage.

For a patient at risk, develop a prevention plan as part of a comprehensive care plan

Develop prevention plan

Clinicians, patients and carers develop an individualised, comprehensive prevention plan to prevent incontinence that identifies:

- Goals of treatment consistent with the patient's values
- Any specific nursing requirements, including equipment needs
- Any allied health interventions required, including equipment needs
- Observations or physical signs to monitor and determine frequency of monitoring
- Laboratory results to monitor and determine frequency of monitoring
- If specialist assistance is required.

Deliver prevention plan

Where clinically indicated, deliver incontinence prevention strategies, such as:

- Identify and treat reversible causes of incontinence
- Consider carefully the need to insert an indwelling catheter, and aim for earliest safe removal.

Monitor

- Monitor the effectiveness of incontinence prevention strategies, and reassess the patient if persistent incontinence occurs
- Review and update the care plan if it is not effective or is causing side effects
- Engage in reviewing clinical outcomes, identifying gaps and opportunities for improvement.

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